

**MEDICAL BOARD OF CALIFORNIA**

LICENSING PROGRAM
 1426 Howe Avenue, Suite 54
 Sacramento, CA 95825-3236
 (916) 263-2382 FAX (916) 263-2567
www.caldocinfo.ca.gov


**APPLICATION FOR CONTINUING MEDICAL
 EDUCATION WAIVER**

*Please print or type. Unsigned and/or Illegible
 applications will be returned.*

FOR OFFICE USE ONLY

Date Received: _____

Date Application: Approved: _____ Denied: _____

Date of Audit: (If applicable) _____

Enforcement Approval: ___Yes ___No Date: _____

Name (first, middle, last): _____

Address: _____

 Is this address currently on file with the Medical Board as
 your official address of record? If not, complete reverse.

Telephone Number: _____

FAX Number (if applicable): _____

Telephone () _____

FAX () _____

Reason for waiver: _____

(Check ✓ one box only.)

 Health (Part 2 below to be
 completed by attending
 physician.)

 Undue Hardship (See Part 1
 below.)

 Military Service (Submit proof of
 service.)

Social Security Number: _____

California Medical License Number: _____

Part 1. Undue Hardship. Please provide all information requested below.

Explain undue hardship reason(s) here. Attach additional sheet(s) if necessary. _____

Part 2. Health. Please provide all information requested below.

 Description of illness and explanation as to how the illness interferes with the applicant's ability to obtain Continuing Medical Education. Attach
 additional sheet(s), if necessary. _____

Approximate date illness began: _____

The illness is: Temporary _____ Permanent _____

If "temporary," approximate date applicant will be able to continue his/her Continuing Medical Education: _____

Attending Physician's Name _____

 (_____) _____
 Telephone Number

Attending Physician's Address _____

City _____ State _____ Zip _____

 I certify under the penalty of perjury under the laws of the State of California that the information contained in this application including any
 supporting documents is true and correct and that I am licensed to practice in the State of California.

APPLICANT'S SIGNATURE _____

Date _____

Attending Physician's Signature (if applicable) _____

Date _____

License Number _____

**CONTINUING MEDICAL EDUCATION WAIVER INFORMATION
AND FILING INSTRUCTIONS**

Under Title 16 California Code of Regulations section 1339, the Division of Licensing may exempt a licensee from Continuing Medical Education (CME) requirements for retirement, health, military service, or undue hardship. To file for a CME waiver, you must complete the application on the reverse side.

Any physician who submits an application for a CME waiver which is denied by the division will become ineligible to renew his or her license to practice medicine unless the physician complies with the provisions of Section 1338 – Audit and Sanctions for Noncompliance.

IF YOU REQUEST AN EXEMPTION DUE TO MILITARY SERVICE, PLEASE SUBMIT "PROOF OF SERVICE" IN THE MILITARY.

<p>CURRENT MAILING ADDRESS</p> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
<p><input type="checkbox"/> Check here if this is a change of address so your record can be updated. If this is a post office box, you must list a confidential street address.</p>

All items in this application are mandatory; none are voluntary. This information is requested by the Division of Licensing of the Medical Board of California. Failure to provide any of the requested information may result in this application being rejected as incomplete. The information provided will be used to determine your eligibility for waiver of the Continuing Medical Education requirements pursuant to Section 1339 of the California Code of Regulations. The Licensing Program Chief is the custodian of records. Access to records by the individual to whom they pertain may be obtained under the Information Practices Act by contacting the custodian of records at the above address. Information in this application may be transferred to other governmental and law enforcement agencies.

Disclosure of your Social Security number (SSN) or Federal Employer Identification Number (FEIN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94.455 (42 USCA 405(c)(2)(C)) authorize collection of your SSN. Your SSN or FEIN will be used for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or FEIN, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.